

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35718

1. PLACE OF DEATH
County Buchanan Registration District No. 1001
Township St. Joseph Mo Primary Registration District No. 1908 Angelique St
City St. Joseph Mo (No. 1908 Angelique St) St. 1007 Ward 1007

2. FULL NAME Blanche May Long
(a) Residence, No. 1908 Angelique St St. 1007 Ward 1007
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Fred Long
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 5 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Mo.

13. NAME Charles Robinson

14. BIRTHPLACE (CITY OR TOWN) Richmond (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Elizabeth Hughes

16. BIRTHPLACE (CITY OR TOWN) Richmond (STATE OR COUNTRY) Mo.

17. INFORMANT Fred Long (ADDRESS) 1908 Angelique St

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cem DATE 11-11-33

19. UNDERTAKER B.F. Graves Funeral Home (ADDRESS) 806 South 17th St

20. FILED 11-9 1933 John K. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 9, 33 1933

22. I HEREBY CERTIFY, That I attended deceased from March 27 1933 to November 9 1933
I last saw her alive on Nov 8, 1933 Death is said to have occurred on the date stated above, at 11:30 A.M.
The principal cause of death and related causes of importance were as follows:
Myocardial Insufficiency and 2 1/2 hrs
42 A

Other contributory causes of importance: 92 A

Name of operation 92 A Date of 92 A

What test confirmed diagnosis? 92 A Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 92 A Date of injury 92 A
Where did injury occur? 92 A (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify 92 A
(Signed) 92 A, M. D.
(Address) 92 A

